10055157

									Application or Docket Number							
	PATENT A	RD	30GF-9097													
CLAIMS AS FILED - PART I. (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TO	TAL CLAIMS		46					RATE		FEE	1	RATE	FE	E		
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FE		370.00	OR	BASIC FEE	740.	00		
TOTAL CHARGEABLE CLAIMS			46 minus 20=		. 26			X\$ 9=			OR	X\$18=	468			
INDEPENDENT CLAIMS			4 minus 3 =		•	1		X42=		·	OR	X84=	84			
MULTIPLE DEPENDENT CLAIM PRESENT								+140=			OR	+280=				
* If the difference in column 1 is less than zero, enter *0" in column 2									TOTAL			TOTAL	129	2		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAI	LLE	NTITY	OR	OTHER SMALL1				
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVII PAID	BER OUSLY	PRESENT EXTRA		RATI	Ε	ADDI- TIONAL FEE		RATE	ADI TION FB	NAL		
AMENDMENT	Total	.46	Minus	**		-		X\$ 9	-		OR	X\$18=				
ME	Independent	. 4	Minus	***				X42=	-		OR	X84=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140	_		OR	+280=				
	_							TOT ADDIT, F			OR	TOTAL ADDIT, FEE				
7-19-05 (Column 1) (Column 2) (Column 3)									tt I			AUUII. FEE:		,		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	E	ADDI- TIONAL FEE		RATE	ADI TION FE	NAL		
Š	Total	. 18	Minus	<	16			X\$ 9	=		OR	X\$18=				
AME	Independent	NTATION OF M	Minus	SENDEN	+ CLANA	=	4	X42=	-		OR	X84=				
┞╴	rinsi Phese	STEATION OF IBS	JEIII EE DEI	LINDEN	7 00 4111		,	+140	-		OR	+280=				
									EE		OR	TOTAL ADDIT. FEE				
		(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HESY ABER OUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADI TION FE	NAL		
Š	Total	•	Minus	**		•	↓	X\$ 9=			OR	X\$18=				
AME	independent	*	Minus	PENDEN	T CI AILA		┨┃	X42=			OR	X84=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									<u> </u>		OR	+280=				

TOTAL

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**II the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.